

D

NAME: GUTIERREZ, CYNTHIA

ACCT#: SV0084235431

ADM DATE: 06/24/2015
 ATTEND PHYS: Singhal, Maneesh
 DIS DATE: 05/26/2016
 DIS DISP: Transf To LTACH
 LOS: 337
 PT CLASS: CIN

UNIT#: SM02706496
 SEX: F
 AGE: 33
 DOB: 07/31/1981
 FIN CLASS: MN
 ABS STATUS: FINAL

DIAGNOSES

ADMIT: R40.3	PERSISTENT VEGETATIVE STATE	
PRINC: G93.1	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	Y
J69.0	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	M N
R40.3	PERSISTENT VEGETATIVE STATE	C Y
A41.9	SEPSIS, UNSPECIFIED ORGANISM	M N
Z99.11	DEPENDENCE ON RESPIRATOR [VENTILATOR] STATUS	C E
N18.6	END STAGE RENAL DISEASE	M Y
J68.0	BRONCHITIS & PNEUMONITIS D/T CHEMICALS, GAS, FUMES & VAPORS	C N
J96.10	CHRONIC RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA	C Y
I12.0	HYP CHR KIDNEY DISEASE W STAGE 5 CHR KIDNEY DISEASE OR ESRD	C Y
N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	C Y
J98.11	ATELECTASIS	C N
I67.89	OTHER CEREBROVASCULAR DISEASE	C Y
E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	C Y
Z43.0	ENCOUNTER FOR ATTENTION TO TRACHEOSTOMY	E
K31.84	GASTROPARESIS	Y
E11.40	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	Y
E11.43	TYPE 2 DIABETES W DIABETIC AUTONOMIC (POLY)NEUROPATHY	Y
E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Y
K94.29	OTHER COMPLICATIONS OF GASTROSTOMY	Y
H40.9	UNSPECIFIED GLAUCOMA	Y
D50.9	IRON DEFICIENCY ANEMIA, UNSPECIFIED	Y
M62.59	MUSCLE WASTING AND ATROPHY, NEC, MULTIPLE SITES	Y
E11.21	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Y
H54.40	BLINDNESS, ONE EYE, UNSPECIFIED EYE	Y
E88.09	OTH DISORDERS OF PLASMA-PROTEIN METABOLISM, NEC	Y
I50.9	HEART FAILURE, UNSPECIFIED	Y
G89.4	CHRONIC PAIN SYNDROME	Y
R19.7	DIARRHEA, UNSPECIFIED	N
J98.09	OTHER DISEASES OF BRONCHUS, NOT ELSEWHERE CLASSIFIED	N
E63.8	OTHER SPECIFIED NUTRITIONAL DEFICIENCIES	Y
G40.909	EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	Y
D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	Y
I95.3	HYPOTENSION OF HEMODIALYSIS	N
E87.5	HYPERKALEMIA	N
E83.39	OTHER DISORDERS OF PHOSPHORUS METABOLISM	N
R06.6	HICCUGH	N
E11.649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA	N
K13.0	DISEASES OF LIPS	N
E89.0	POSTPROCEDURAL HYPOTHYROIDISM	Y
I73.9	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	Y
G31.89	OTHER SPECIFIED DEGENERATIVE DISEASES OF NERVOUS SYSTEM	Y
B30.9	VIRAL CONJUNCTIVITIS, UNSPECIFIED	N
B96.1	KLEBSIELLA PNEUMONIAE AS THE CAUSE OF DISEASES CLASSD ELSWHR	N
Z51.5	ENCOUNTER FOR PALLIATIVE CARE	E
Z99.2	DEPENDENCE ON RENAL DIALYSIS	E
Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	E
Z79.82	LONG TERM (CURRENT) USE OF ASPIRIN	E
Z79.4	LONG TERM (CURRENT) USE OF INSULIN	E
Z86.74	PERSONAL HISTORY OF SUDDEN CARDIAC ARREST	E
Z87.74	PERSONAL HISTORY OF CONGENITAL MALFORM OF HEART AND CIRC SYS	E
Z22.8	CARRIER OF OTHER INFECTIOUS DISEASES	E
Z28.82	IMMUNIZATION NOT CARRIED OUT BECAUSE OF CAREGIVER REFUSAL	E
Z88.5	ALLERGY STATUS TO NARCOTIC AGENT STATUS	E

OPERATIONS

DATE	PROC CODE & NAME	SURGEON	ANESTHESIOLOGIST
06/24/15	0B21XFZ CHANGE TRACHEOSTOMY DEVICE IN	Abdarbashi, Payu	
06/24/15	5A1955Z RESPIRATORY VENTILATION, GREAT	Nguyen, Khoi	
06/30/15	5A1D60Z PERFORMANCE OF URINARY FILTRAT	Green, Gopa B	
07/09/15	30233N1 TRANSFUSE NONAUT RED BLOOD CEL	Fritz, Benjamin	
06/30/15	0D20XUZ CHANGE FEEDING DEVICE IN UP IN	Shaw, Gary T	
06/30/15	0D20XUZ CHANGE FEEDING DEVICE IN UP IN	Shaw, Gary T	
07/09/15	0B21XFZ CHANGE TRACHEOSTOMY DEVICE IN	Dilisio, Ralph E	

SRMH000003

DATE: 06/29/16 @ 1127		Northern California ITS *LIVE*				PAGE 25
USER: ROMANOR001		ITS Reports: Patients/Departments/Reports Print				
Account#	Name	Unit#	Status	Dept	Dept.Name	Facility
			Report#	Report	Report.Name	Facility.Name
SV0084235431	GUTIERREZ,CYNTHIA	SM02706496	DIS IN	HIM	Health Information Management	NSM
Att.Phys	Singhal,Maneesh		0624-0320	HP	History & Physical Report	Santa Rosa Memorial
Dictated.by	Nguyen, Khoi MD	06/24/2015	1635	Transcribed.by Transcend Trans Interface		06/24/2015 1823
Signed.by	Nguyen, Khoi	for	Nguyen, Khoi	Signed Date/Time 06/29/15 2045		
Phys	CC'd					

* * * * * R E P O R T * * * * *

1 Descr:	Type: Text	Form.or.Screen:	Init.WDoc:
DATE OF ADMISSION: 06/24/2015			

REASON FOR ADMISSION: Transfer back from Kentfield rehabilitation facility for continued supportive care.

HISTORY OF PRESENT ILLNESS: This is a 33-year-old woman who unfortunately underwent cardiac arrest and was admitted to Santa Rosa Memorial Hospital on 02/25/2015 and was discharged to Kentfield on 06/03/2015 for rehabilitation treatment. The patient suffered anoxic brain damage with encephalopathy from the cardiopulmonary arrest. The patient also had aspiration pneumonia and was in acute respiratory distress which required intubation, mechanical ventilation, and then tracheostomy. The patient also has many other medical conditions including end-stage renal disease on hemodialysis, anemia, hypertension, uncontrolled type 2 diabetes. During the previous admission in Santa Rosa Memorial Hospital, patient had a percutaneous endoscopic gastrostomy tube placed for tube feeding. The patient was seen by neurologist J. Richard Mendius, MD, and then Norick J Janian, MD, who was consulted on the case. Per neurologists, the prognosis of recovery was very poor. The patient has been in a vegetative state and not responding although she was hemodynamically stable. The patient was transferred to Kentfield rehabilitation center for rehabilitation on 06/03/2015.

In the Kentfield facility, the patient was evaluated by rehabilitation specialist. An electroencephalogram was done which showed severe abnormality, but there was no evidence of epileptiform activity. It was believed that the patient's vegetative state is likely permanent, and because of her complex multiple medical problems, trial of activating medications is not recommended because the risks far outweigh any potential benefits, and her prognosis for achieving any meaningful recovery is nil.

For that reason, the patient was then transferred back to Santa Rosa today for continued supportive treatment. The patient arrived in medical floor without her family members, in vegetative state and not responding. All information was taken from our records and Kentfield facility records.

PAST MEDICAL HISTORY: Per records, the patient has:

1. Uncontrolled type 2 diabetes.
2. Hypertension.
3. Anemia.
4. Gastroparesis.
5. Pediculosis capitis.
6. End-stage renal disease on hemodialysis.
7. History of seizures.
8. History of chronic pain syndrome.
9. Left eye blindness.
10. History of congestive heart failure.

NAME: GUTIERREZ, CYNTHIA

ACCT#: SV0083448563

ADM DATE: 02/25/2015
 ATTEND PHYS: Sanders, Victor
 DIS DATE: 06/03/2015
 DIS DISP: Transf To LTACH
 LOS: 98
 PT CLASS: CIN

UNIT#: SM02706496
 SEX: F
 AGE: 33
 DOB: 07/31/1981
 FIN CLASS: MN
 ABS STATUS: FINAL

DIAGNOSES

ADMIT: 427.5	CARDIAC ARREST	
PRINC: 507.0	FOOD/VOMIT PNEUMONITIS	Y
427.5	CARDIAC ARREST	M Y
038.0	STREPTOCOCCAL SEPTICEMIA	M N
518.4	ACUTE LUNG EDEMA NOS	M Y
348.1	ANOXIC BRAIN DAMAGE	C Y
780.03	PERSISTENT VEGETATIVE STATE	C Y
578.9	GASTROINTEST HEMORR NOS	C Y
518.0	PULMONARY COLLAPSE	C Y
132.0	PEDICULUS CAPITIS	N
518.81	ACUTE RESPIRATORY FAILURE	M Y
585.6	END STAGE RENAL DISEASE	M Y
995.91	SEPSIS	M N
403.91	HYPTNSV CHR KID DIS, UNSPEC, W CHR KD STAGE V OR ESRD	C Y
581.81	NEPHROTIC SYN IN OTH DIS	C Y
996.73	OTH COMPL DUE TO RENAL DIALYSIS DEVICE, IMPL, GRAFT	C N
599.0	URIN TRACT INFECTION NOS	C N
934.9	FB RESPIRATORY TREE NOS	Y
536.3	GASTROPARESIS	Y
250.42	DIAB W RENAL MANIFEST, TYPE II OR UNSPEC TYPE, UNCONTROLLED	Y
E911	RESP OBSTR-FOOD INHAL	Y
E878.2	ABN REACT-ANASTOM/GRAFT	N
E849.7	ACCID IN RESIDENT INSTIT	Y
250.52	DIAB W OPHTHAL MANIFEST, TYPE II OR UNSPEC TYPE, UNCNTRLD	Y
362.01	DIABETIC RETINOPATHY NOS	Y
250.62	DIAB W NEURO MANIFEST, TYPE II OR UNSPEC TYPE, UNCONTROLLED	Y
250.82	DIAB W OTH SPEC MANIFEST, TYPE II OR UNSPEC TYPE, UNCNTRLD	Y
338.4	CHRONIC PAIN SYNDROME	Y
724.5	BACKACHE NOS	Y
389.9	HEARING LOSS NOS	Y
369.60	BLINDNESS, ONE EYE	Y
345.90	EPILEPSY UNSPEC W/O MENTION INTRACTABLE EPILEPSY	Y
795.51	NONSP RX TO TUBERCULIN SKIN TEST W/O ACTIVE TUBERCULOSIS	Y
285.21	ANEMIA IN CHRONIC KIDNEY DISEASE	Y
535.40	OTH SPECIFIED GASTRITIS, W/O MENTION OF HEMORRHAGE	Y
519.19	OTHER DISEASES OF TRACHEA AND BRONCHUS	Y
365.9	GLAUCOMA NOS	Y
997.5	SURG COMPL-URINARY TRACT	N
V45.11	RENAL DIALYSIS STATUS	E
V88.12	ACQUIRED PARTIAL ABSENCE OF PANCREAS	E
V49.85	DUAL SENSORY IMPAIRMENT	E
V64.05	VACCIN NOT CARRIED OUT BECAUSE OF CAREGIVER REFUSAL	E
V55.4	ATTEN TO ENTEROSTOMY NEC	E
V15.1	HX-MAJOR CARDIOVASC SURG	E
V63.2	WAIT ADM TO OTH FACILITY	N

OPERATIONS

DATE	PROC CODE & NAME	SURGEON	ANESTHESIOLOGIST
03/08/15 31.1	TEMPORARY TRACHEOSTOMY	Russell, David J	
02/25/15 96.72	CONTINUOUS INVASIVE MECHANICAL	Kang, Hyun	
04/10/15 39.50	ANGIOPLASTY OF OTHER NON-CORON	Shaw, Gary T	
02/27/15 96.56	BRONCH/TRACH LAVAGE NEC	Kang, Hyun	
03/03/15 33.22	FIBER-OPTIC BRONCHOSCOPY	Kang, Hyun	
02/26/15 96.05	RESP TRACT INTUBAT NEC	Lustberg, Alexan	
03/03/15 33.22	FIBER-OPTIC BRONCHOSCOPY	Kang, Hyun	
03/08/15 96.05	RESP TRACT INTUBAT NEC	Hegg, Aaron J	
03/08/15 33.22	FIBER-OPTIC BRONCHOSCOPY	Hegg, Aaron J	
02/25/15 45.16	ESOPHAGOGASTRODUODENOSCOPY [EG	Green, Gopa B	
02/26/15 39.95	HEMODIALYSIS	Kang, Hyun	
02/25/15 96.6	ENTERAL INFUSION OF CONCENTRAT	Lauterbach, Stew	
02/27/15 99.60	CARDIOPULM RESUSCITA NOS	Kang, Hyun	
02/25/15 96.04	INSERT ENDOTRACHEAL TUBE	Lauterbach, Stew	
02/25/15 00.17	INFUSION OF VASOPRESSOR AGENT	Lauterbach, Stew	
02/25/15 96.07	INSERT GASTRIC TUBE NEC	Lauterbach, Stew	

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04/17/15 99.04	PACKED CELL TRANSFUSION	Cheung, Eric
03/09/15 46.32	PERCUTANEOUS [ENDOSCOPIC] JEJU	Caccavale, Micha
03/20/15 86.05	INCIS W REM OF FORIEGN BODY OR	Shaw, Gary T
03/24/15 97.03	REPLACE SMALL BOWEL TUBE	Conway, Raymond
04/28/15 97.03	REPLACE SMALL BOWEL TUBE	Shaw, Gary T
05/20/15 97.03	REPLACE SMALL BOWEL TUBE	Shaw, Gary T
05/26/15 97.03	REPLACE SMALL BOWEL TUBE	Caccavale, Micha
05/30/15 97.03	REPLACE SMALL BOWEL TUBE	Conway, Raymond
04/10/15 88.49	CONTRAST ARTERIOGRAM NEC	Shaw, Gary T
04/10/15 39.90	INSEJ NON-DRUG-ELUTING PERIPHE	Shaw, Gary T
04/10/15 00.45	INSERTION OF ONE VASCULAR STEN	Shaw, Gary T
04/10/15 00.40	PROCEDURE ON SINGLE VESSEL	Shaw, Gary T
06/01/15 87.69	DIGESTIVE TRACT XRAY NEC	Caccavale, Micha

CPT CODES-----
DRG: 3 ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NEC

STATUS	\$REIMB	MIN-LOS	STD-LOS	GRP VERS	GRP FC
F	35279.80		26.2	32	MN

CODER: GENDESA01

DATE: 02/23/16 @ 1528		Northern California ITS *LIVE*				PAGE 377
USER: ROMANOR001		ITS Reports: Patients/Departments/Reports Print				
Account#	Name	Unit#	Status Report#	Dept Report	Dept.Name Report.Name	Facility Facility.Name
SV0083448563	GUTIERREZ,CYNTHIA	SM02706496	DIS IN	PHY	Physician Documentation	NSM
	Att.Phys Sanders,Victor		0325-0720	PHY.PNHOSP	Hospitalist Progress Note	Santa Rosa Memorial
	Dictated by Altaf, Mujeeb MD	03/25/2015	1543		Transcribed by Altaf, Mujeeb MD	03/25/2015 1543
	Signed by Altaf, Mujeeb	for Altaf, Mujeeb			Signed Date/Time	03/25/15 1543
	Phys CC'd Southwest Community, Health Cli					

(3) Aspiration into airway

Status: Acute

Condition Status: Resolved

Diagnosis Present on Admission: Yes

Assessment/Plan: Due to gastroparesis and subsequent cardio-respiratory arrest

(4) Gastroparesis diabeticorum

Status: Chronic

Diagnosis Present on Admission: Yes

Assessment/Plan: Pt is well known to us with severe diabetic gastroparesis with multiple admissions in the past.

I suspect her aspiration was due to her severe gastroparesis.

(5) End stage renal disease

Status: Chronic

Condition Status: Unchanged

Diagnosis Present on Admission: Yes

Assessment/Plan: Continuing HD per Nephrology

Cont to monitor electrolytes (hyperkalemia, hypermagnesemia)

Cont renavite, paricalcitol prn and epo

(6) Anemia of renal disease

Status: Chronic

Condition Status: Unchanged

Diagnosis Present on Admission: Yes

Assessment/Plan: H&H stable

Cont epo with dialysis per Nephro

(7) Hypertension

Status: Acute

Condition Status: Unchanged

Diagnosis Present on Admission: Yes

Assessment/Plan: Controlled

Cont amlodipine and metoprolol

(8) Poorly controlled diabetes mellitus

Status: Chronic

Condition Status: Unchanged

Diagnosis Present on Admission: Yes

Assessment/Plan: Well-controlled with Levemir 10units SQ QHs and pt not needing insulin per sliding scale

Cont SSI, levemir and tube feeds

Pt was not hypoglycemic on admission but few hours after the admission

(9) Hypothyroidism

Status: Chronic